

****REVISED*****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000111150 1. Entity Name DEARCA, INC.					
Principal Place of Business 915 MIDDLE RIVER DRIVE SUITE 506 FT. LAUDERDALE, FL 33304			Mailing Address 915 MIDDLE RIVER DRIVE SUITE 506 FT. LAUDERDALE, FL 33304		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 04-3718603				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORAITIS, GEORGE R 916 MIDDLE RIVER DRIVE SUITE 506 FT. LAUDERDALE, FL 33304			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when retaining)					
FILE NOW WITH FEE IS \$150.00 After May 11, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MONDOLFI, UBERTO L 1001 BRICKELL BAY DRIVE SUITE 2104 MIAMI, FL 33131	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST Maria Fernanda De Armas 1001 Brickell Bay Drive, Suite 2104 Miami, FL 33131	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS DEARMAS, MARIA FERNANDA 1001 BRICKELL BAY DRIVE SUITE 2104 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	765 CRANDON BLVD #403 KEY BISCAYNE, FL 33149	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	765 CRANDON BLVD #403 KEY BISCAYNE, FL 33149	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	765 CRANDON BLVD #403 KEY BISCAYNE, FL 33149	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <i>M. De Armas</i> SIGNATURE AND TYPED OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR			Date 11/10/03 Daytime Phone #		

MARIA FERNANDA DE ARMAS, DIRECTOR

CFR2034 (10/02)

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